	PATE	DE NT A	N FOR UTILITY OR ESIGN APPLICATION FR 1.63)
1.	Declaration		☐ Declaration

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Attorney Docket Nun	nber	60,426-257				
First Named Inventor	r _	Astorino, et al				
COMPLI	ETE II	F KNOWN				
Application Number	Herewith					
Filing Date	Her	rewith				
Group Art Unit						
Examiner Name						

As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled ACTIVE NOISE CANCELLATION SYSTEM RECALIBRATION the specification of which (Title of the Invention) is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1 56. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed Prior Foreign Application Certified Copy Attached? Foreign Filing Date Priority Country Number(s) (MM/DD/YYYY) Not Claimed Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U S C 119(e) of any United States provisional application(s) listed below Application Number(s) Filing Date (MM/DD/YYYY) 60/209,532 06/05/2000 Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commissioner for Patents, Washington, DC 20231

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DE	CLARATION -	– Utilit	y or	De	siç	ın Pat	ent	Appl	ication
I hereby claim United States United States information wi	n the benefit under 35 U.S.C. 120 s of America, listed below and, in or PCT International application in hich is material to patentability as nal or PCT international filing date	of any United Si sofar as the sub in the manner pro	States applicates bject matter ovided by the CER 1.56 w	cation(s	s), or 3	365(c) of any P	CT inter	national app	olication designating the
U	U.S. Parent Application or PCT Parent Number					Filing Date	,		Patent Number applicable)
	I U.S. or PCT international applica								
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Pale and Trademark Office connected therewith: Customer Number Customer Number Customer Number Customer Number Registered practitioner(s) name/registration number listed below Customer Number Bar Code Lahel hare							Place Customer		
Regis			tration nber			Nar			Registration Number
Laura M. S Adel A. Alr I. Marc As _l	med	35,363 29,606 37,274		Stanton C. Brack Robert T. Cana Joseph S. Codi		avan	i	32,556 37,592 31,819	
Additional	registered practitioner(s) named o	n supplemental	Registered	l Practi	itioner	Information sh	eet PTO	/SB/02C att	ached hereto.
	respondence to: Custom	ner Number Code Label		2450					ence address below
Name	Elsa Keller								
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Country	United States	Telephone	e 732 3	21-3	024		Fax	732 32	1-3014
punishable by	re that all statements made herel true; and further that these state fine or imprisonment, or both, un my patent issued thereon.	ements were ma	are with th	A KNO	anhaive	i that willful fo	leo efoto	mente and	the like to made are l
Name of So	lo or Eirst Inventor			ПΔ	netitio	on has been	filed fo	r this unsig	ned inventor

Given Name (first and middle [if anyl) Family Name or Sumame John F. Astorino Inventor's Date Signature Livonia MI U.S. U.S. Residence: City 14326 Melrose Street Post Office Address Post Office Address 48154

Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Country

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	DECLARATION						ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1_ of					
Name of Additio	nal Joint Inventor, if an	у:			A petil	ion has been fi	led for U	nis unsigned i	inventor			
	ame (first and middle [if any])	1				Family N	ame or !	Sumame				
lan R.	1			McI	Lean							
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Post Office Address		ſ	1				1	T				
City		State			ZIP	N7M 3V6	Country	/				
Name of Addition	nal Joint Inventor, if any	<i>r</i> :			A petiti	on has been file	ed for thi	ls unsigned in	ventor			
Given Na	me (first and middle [if any])					Family Na	me or S	iumame				
Trevor				Li	aack							
Inventor's Signature		, ,		_				Date				
Residence: City	Oregon	State	WI		Country	U.S.		Cilizenship	U.S.			
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Given Nan	ne (first and middle [if any])					Family Na	ne or Si	umame				
Inventor's Signature								Date				
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1__ of ___

Name of Addition	nal Joint Inventor, if a	ny:			A petitio	on has been file	ed for t	his unsigi	ned in	ventor
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lan R. McLean										
Inventor's Signature	Date									
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City		State			ZIP	N7M 3V6	Count	гу		·
Name of Addition	Name of Additional Joint Inventor, if any:								ventor	
Given Na	me (first and middle (if any	/D		Family Name or Sumame						
Trevor Laak										
Inventor's Signature	hwor	SI.	Xa.	h	ノ			Da	te	4/2/01
Residence: City	Oregon	State	wi		Country	u.s.		Citize	nship	U.S.
Post Office Address	5423 Lost Woods C	ourt								
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DECLARATION

REGISTERED PRACTITIONER **INFORMATION** (Supplemental Sheet)

	Registration		Registration
Name	Number	Name	Number
Lawrence C. Edelman Mark H. Jay Rosa S. Kim Peter A. Luccarelli, Jr. Jeffrey P. Morris Donald B. Paschburg Darryl A. Smith Daniel J. Staudt Heather S. Vance Scott T. Weingaertner Robert A. Whitman John E. Carlson David J. Gaskey William S. Gottschalk Kerrie A. Laba Theodore W. Olds David L. Wisz	29,299 27,507 39,728 29,750 25,307 33,753 37,756 34,733 39,033 37,756 36,966 37,794 37,139 44,130 42,777 33,080 46,350	Pasquale Musacchio Eric C. Swanson Tracy L. Hurt John Musone Karin H. Butchko John Siragusa Anthony P. Cho	36,876 40,194 34,188 44,961 45,864 46,174 47,209

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